

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.

☒ Mr. Artist

PAUL MIKLOWSKI

Permanent

Address

12226 CLIFTON

(Last Name Last)

LKWD

44107

Street

Tel. 216 228-0167

City

Zip

Area Code

Temporary or
Studio Address

3615 SUPERIOR #48 CLE

44114

Street

Tel. 216 881-0551

City

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? _____

Collaborator _____

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address: _____

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Paul Mikowski

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☒ 5. Crafts

Materials

STONEWARE

Title

"BOTTLE" PAUL MONTANA I

Price or NFS

\$550.00

Insurance Value
if NFS Only

Size

26" TALL

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN THIS SECTION

8 (P)

ACCEPTED

X

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☒ 5. Crafts

Materials

STONEWARE

Title

"BOTTLE" C

Price or NFS

\$550.00

Insurance Value
If NFS Only

Size

26" TALL

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN
THIS SECTION

9 (P)

ACCEPTED

X

REJECTED

RECEIVED

DATE

DETACH